



**Washington State  
Influenza (Flu) Vaccination Prioritization Plan  
2002-2003 Season  
Issued by the Washington State Department of Health  
Endorsed by the Immunization Action Coalition of Washington**

The Department of Health in collaboration with private and public partners recommends this Influenza (Flu) Vaccination Prioritization Plan for the 2002-2003 season. It is based on the most current guidelines from the Centers for Disease Control and Prevention (CDC) and the national Advisory Committee on Immunization Practices (ACIP). It assumes that there will be sufficient flu vaccine to supply the State's needs. Manufacturers plan to ship orders on a staggered basis. A staggered vaccination schedule is necessary to assure that persons at highest risk for serious complications from influenza and those who may transmit the influenza virus to those at high risk are vaccinated first. This year, CDC is recommending that providers give vaccine to those who request it at any time.

This plan is directed to all facilities that may provide a site for or directly provide influenza vaccination services in the state of Washington, including, but not limited to:

Provider offices (physicians, nurses)	Home Health Care Agencies
Medical Clinics	Occupational Health Programs
Hospitals	Retail Stores (grocery, drug...)
Local Health Departments	Work Sites
Health Systems	Private Community Immunization Providers
Long-term Care Facilities	Other Private or Public Vaccine Providers

The 2002-2003 Influenza Vaccination Schedule recommends the following: (See Table)

**October through January:**

**Vaccinate persons at highest risk for serious influenza-related complications, persons who can transmit influenza to those at high risk and children under 9 years of age receiving a first dose. (Priority Category 1)**

**November through January:**

**Vaccinate healthy persons age 50-64, and otherwise healthy adults and children who wish to reduce their risk of becoming ill with influenza. Provide a second dose to children under age 9 four weeks following the first dose. (Priority Category 2)**

**It is recommended that a one-time pneumococcal ("pneumonia")<sup>+</sup> vaccination (PPV23) be given to high-risk adults. High-risk children should be given PCV7 or PPV23 according to ACIP recommendations.**

<sup>+</sup>Pneumococcal vaccine is given once per lifetime (high-risk may differ)

Table <b>Washington State Influenza (Flu) Vaccination Priorities 2002-2003</b>	
<b>Priority Category 1 October through January</b>	<p><b>Adults and children at high risk for serious influenza-related complications include:</b></p> <ul style="list-style-type: none"> <li>• Residents of nursing homes and other chronic-care facilities.</li> <li>• Adults and children who have chronic disorders of the pulmonary or cardiovascular systems including children with asthma.</li> <li>• Persons 65 years of age or older.</li> <li>• Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus, renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications)).</li> <li>• Children and teenagers (age 6 months to 18 years) who are receiving long-term aspirin therapy that might put them at risk for developing Reyes syndrome after influenza.</li> <li>• Women who will be in the second or third trimester of pregnancy during the influenza season.</li> <li>• Children under age 9 receiving vaccine for the first time. (Need booster one month following first dose). <b>Correction: Children 6-23 mo. should be vaccinated in Oct.</b></li> </ul> <p><b>Adults and children who can transmit influenza to those at high risk include:</b></p> <ul style="list-style-type: none"> <li>• Physicians, nurses, and other staff in hospitals and outpatient settings.</li> <li>• Employees of nursing homes and chronic care facilities.</li> <li>• Providers of home care to persons at high risk (e.g., visiting nurses and volunteer workers).</li> <li>• Household members (including children) of persons in high-risk groups.</li> </ul> <p><b>+It is recommended that a one-time pneumococcal (“pneumonia”)™ vaccination (PPV23) be given to high-risk adults. High-risk children should be given PCV7 or PPV23 according to ACIP recommendations.</b></p>
<b>Category 2 November through January</b>	<p><b>Otherwise healthy adults and children age 6 months and older</b> who wish to reduce their likelihood of becoming ill with influenza such as:</p> <ul style="list-style-type: none"> <li>• Persons 50-64 years of age.</li> <li>• Children age 6 mo-23 mo. (encouraged when feasible). <b>Correction: moved to Category 1.</b></li> <li>• Students and other persons in institutional settings (e.g., college students residing in dormitories).</li> <li>• Persons who provide essential community services (e.g., law enforcement, emergency responders, etc.).</li> <li>• Healthy persons in the workplace.</li> <li>• Household members and child care workers in contact with children 0-23 months (encouraged).</li> <li>• Others (anyone who does not want to contract the flu).</li> </ul>

**Washington State Department of Health, Immunization Program**  
**(360) 236-3595      [www.doh.wa.gov/cfh/immunize](http://www.doh.wa.gov/cfh/immunize)**

+Pneumococcal vaccine is given once per lifetime (high-risk may differ)

## Washington State Influenza (Flu) Vaccination Prioritization Plan 2002-2003

### Vaccine Supply Delay Contingency Plan

The Centers for Disease Control and Prevention (CDC) recommend that the State have an "Influenza Vaccination Contingency Plan" in case of unanticipated vaccine shortages or shipment delays. This may occur on a state or local level. Often, communities find that while some experience a shortage, others have surplus vaccine that needs to be redistributed. It is important that all partners work as a team to ensure the public's health.

The following are the CDC recommendations listed by priority status:

- 1. Vaccinate high-priority children and adults in Category 1 first. (See Table)**
- 2. Communicate and collaborate with other providers.** Share vaccine (as appropriate within legal standards) with those providers who have inadequate supply of vaccine to ensure coverage of high-priority Category 1. Each community should have a plan for sharing vaccine.
- 3. Local health jurisdictions and health departments** need to assure the availability of flu vaccination services to the community at large. Coordinate or delegate the coordination of flu vaccine activities within their respective jurisdiction and:
  - Determine if all clinics and /or facilities in the area have adequate vaccine supply to vaccinate persons in Category 1.
  - Attempt to locate additional vaccine and resources for any clinic or facility that does not have sufficient vaccine.
- 4. Medical clinics, long-term care facilities and other vaccine providers:**
  - Contact your respective parent company or health system to acquire vaccine as needed.
  - Contact the local health jurisdiction in your area for assistance in obtaining vaccine for high-priority Category 1.

## **Washington State Influenza (Flu) Vaccination Prioritization Plan 2002-2003**

### **Education and Communication**

The Advisory Committee on Immunization Practices (ACIP) recommends the following messages:

For Providers:

- Target high-priority Category 1 with vaccine first to avoid serious morbidity and mortality from influenza.
- Continue to vaccinate through January and through the flu season as long as vaccine is available.

For the Public:

- High-priority adults and children (See Table) should seek a flu shot in October and continue to seek vaccination through January if necessary.
- Generally healthy children and adults under age 65 years need to wait until November to seek flu shot.
- Everyone should be encouraged to seek a flu shot from November through January and beyond if vaccine is available.
- It is never "too late" to seek a flu shot.

For Private Community Immunization Providers:

- Organizers of mass flu vaccination campaigns and clinics should plan clinics in late October or November and continue through January and beyond if vaccine is available. Target population groups and sites that include the high-risk elderly, children and adults with chronic health conditions.